

DEPARTMENT OF
HEALTH AND HUMAN SERVICES

REPORT OF ACCOUNTABLE PERSONAL PROPERTY

NOTE: Complete this form in accordance with instructions on reverse side of copy No. 1.

1. DATE					2. PUBLIC VOUCHER NO.						
3. CONTRACT NUMBER					4. REPORT NO.		PAGE NO.		NO. PAGES		
5. NAME OF PERSON RESPONSIBLE FOR THIS REPORT			6. TYPE OF REPORT <input type="checkbox"/> ACQUISITION - GOV. TITLED <input type="checkbox"/> ACQUISITION - CONTR. TITLED <input type="checkbox"/> ANNUAL INVENTORY <input type="checkbox"/> FINAL INVENTORY		7. NAME AND ADDRESS OF CONTRACTOR					8. FOR GOV USE ONLY	
TELEPHONE: AREA CODE NO.											
9. ITEM NO.	10. DESCRIPTION & NSN	11. GFP OR CAP	12. MFR.	13. MODEL OR TYPE	14. MFR. SERIAL NO.	15. UNIT ACQUISITION COST	16. GOV ID NO.	17. ACQ. AUTH.	18. DATE REC'D. MO/YR		
19. AUTHORIZATION BY CONTRACTOR'S SUPERVISORY ACCOUNTING OFFICIAL					20. ACCEPTED BY AUTHORIZATION GOVERNMENT REPRESENTATIVE			VOUCHER NO.			
SIGNATURE DATE											
NAME (TYPED) TITLE					SIGNATURE AND TITLE			DATE			

INSTRUCTIONS FOR PREPARATION OF HHS FORM 565 REPORT OF ACCOUNTABLE PERSONAL PROPERTY

This report shall be submitted in an original and 2 copies by the contractor and included with his Public Voucher (or invoice) under which reimbursement for the acquisition of authorized accountable personal property is requested. When utilizing this form for inventory reporting, two copies shall be forwarded to the cognizant Property Administrator. Final inventories must include the Certification required by HHS Contractor's Guide for Control of Government Property.

Item No.

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| 1. Enter date prepared. | 15. Enter unit acquisition cost of the item. (List all taxes, discounts, shipping and installation costs as separate items immediately following each item being reported.) |
| 2. Enter Public Voucher (or Invoice) Number. | 16. For Government owned property, enter the Government identification number (decal) affixed. For Contractor owned property, enter contractor's identification number affixed. |
| 3. Enter complete contract number. | 17. Enter authorization for acquisition e.g., contract schedule number, contracting officer's authorization letter number, etc. |
| 4. Enter number of this report. (Reports will be numbered serially beginning with No. 1 for each contract.) Enter page number of pages. | 18. Enter month and year property was received by contractor as reflected on receiving report. |
| 5. Enter name and telephone number of contractor's representative responsible for report. | 19. Enter signature and title of person authorized to certify to the accuracy of report. |
| 6. Indicate type of Report. | 20. Leave blank. For Contracting Agency use only. |
| 7. Enter name and address of contractor exactly as it appears on the contract. | |
| 8. Leave blank. For Contracting Agency use only. | |
| 9. Enter line item number. Each report shall begin with number "1". | |
| 10-14. Identify fully the property being reported, including manufacturer, model, type, capacity, size and serial number. When this form is used for inventory reporting, include condition code in item 10 and indicate GFP or CAP in item 11. | |

This Form may be reproduced by Contractors in size 8-1/2" X 11" only.

Burden Estimate Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from thirty (30) minutes to one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden of estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H, HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201.